

Principle guidelines for Palliative and Hospice Care

1. Medications:

- a. The oral route for medication administration is preferred.
- b. SL medications or SQ infusions are preferred over IV or IM regimes when the patient is unable to swallow.
- c. If the patient has continued episodes of breakthrough pain, the dose is increased.
- d. Antiemetics may be needed when patient started on opioid.
- e. A bowel regime needs to be in place when opioids are started.

2. Symptom management:

- a. Distress and discomfort from dyspnea and SOB is often alleviated by use of low opioids.
- b. Opioid addiction is not a concern in the care of hospice patients.
- c. Fears of respiratory depression should never prevent a patient from receiving appropriate doses of opioids.

3. Medical interventions:

- a. Interventions which cause discomfort and do not change the course of the illness, should be avoided.
- b. Xrays and laboratory tests are used only if the results will lead directly to improved pain and symptom control.
- c. Forced feeding, orally or IV, are not imposed on anorexic patients. Any discomfort from dehydration is treated with small sips of fluid and excellent mouth care.
- d. Antibiotic therapy and blood transfusions are reserved only for the relief of distressing symptoms.
- e. Bowel obstruction and pathological fractures can be treated symptomatically.
- f. Pain associated with bony metastasis can often be controlled with oral medications. Combining such with radiation therapy may be necessary. Single dose radiation therapy with, or without oral medication, will relieve such pain.
- g. Standard nursing data collection is often unnecessary (e.g., VS, weight, Neuro checks), and should only be part of the care plan if specifically ordered.